

# APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

(Office Hours: Monday - Friday 8:00 a.m. - 4:00 p.m.)

313-876-4135

## INSTRUCTIONS:

1. Please read carefully the information below before completing the application.
2. To obtain a certified copy of a birth record, the applicant must indicate his/her relationship to the person named on the birth certificate. Certified copies of birth records can only be issued to the individual, or the parent(s) named on the birth record. (MCLA 33.2882)
3. Birth records for newborn children are not immediately available. Please allow 60 days from birth date of newborn for a certified copy of the record. After 60 days, newborn birth records can be obtained by either mail-in application or walk-in request.

For mail in request complete the application and send a copy of your current I.D., (driver's license or state I.D. or social security card, etc.) along with a Money Order or Certified Check payable to the City of Detroit. **PLEASE DO NOT SEND CASH OR PERSONAL CHECK.**

**NO WALLET SIZE CERTIFICATE ARE AVAILABLE FROM DETROIT OR LANSING OFFICES).**

## PLEASE USE ONE FORM PER REQUEST (PRINT CLEARLY)

1. Name at Birth: \_\_\_\_\_  
(First) (Middle) (Last)
2. Place of Birth (Name of Hospital) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City Hospital M o Day Year
3. Mother's Name: \_\_\_\_\_  
(First) (Middle) (Last)  
\_\_\_\_\_  
(Mother's Maiden Name)
4. Father's Name: \_\_\_\_\_
5. Records can be provided only to establish person. Are you the person named in Line 3 or 4? ( ) Yes ( ) No  
If no, what is your relationship to the person in Line 1: \_\_\_\_\_
6. Applicant's Signature: \_\_\_\_\_

### THIS BOX FOR INTERNAL USE ONLY

Certificate NO. \_\_\_\_\_  
Year \_\_\_\_\_  
# of Copies \_\_\_\_\_

## PRINT YOUR NAME AND MAILING ADDRESS BELOW:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

	<u>Please send the Following</u>	Fee
( )	Certified Photocopy of Original Birth Certificate	\$17.00
( )	Additional Copies	\$5.00
( )	Total Amount Enclosed	\$ _____

**MAKE MONEY ORDER OR CERTIFIED CHECK PAYABLE TO "CITY OF DETROIT"**

Mail To: Vital Records Division  
Herman Kiefer Health Complex  
1151 Taylor  
Detroit, Michigan 48202